



U.S. Embassy, Tegucigalpa, Honduras

Application for Foreign National Student Intern Program

1. Position No./Title:				
2. Full Name:				
3. Present Address:				
4. Telephones:	4.1 Daytime:		4.2 Mobile:	
5. Email Address:				
6. How did you learn about this program? <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> University/School <input type="checkbox"/> Other (If Other Please Specify)				
7. Do you have any relatives that work for the Embassy/Consulate: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please list the following:				
Relative's Name:		Department where relative works:		Relative's length of employment:
8. Current Citizenship:	<input type="checkbox"/> Honduran <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other (Specify):			
9. Do you currently have private medical insurance coverage? No <input type="checkbox"/> Yes <input type="checkbox"/>				
10. University/School/Educational Institution: For each institution you have attended, provide the following information in the space below. Begin with your present school and work backwards. Use continuation sheets as necessary.				
Institution Information:		Instructor Information:		
Name:		Name:		
Address:		Title:		
Date attended: From: To:		Telephone Numbers: Work: Mobile:		
Major Field of Study:		Email:		
Diploma/Degree/Certificate:				Date Received:
11. Languages: Identify the language and indicate the extent of your competence for each: 5 = Fluent 3 = Good 1 = Fair 0 = Not at all				
Language	Speak	Read	Write	Comprehension
12. Special Qualifications and Skills: List any special skills you possess and equipment you can use, certifications, licenses obtained, etc.				
12.1 Skills:				
12.2 Equipment:				
12.3 Certifications:				
12.4 Licenses:				
12.5 Other:				
13. Computer Skills: How do you rate your computer skills (please select the best answer): <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> none				
14. List computer programs in which you have experience:				

a.		b.	
c.		d.	
15. Training Received: List trainings received in areas applicable to the internship position in which you are applying.			
16. Employment (if applicable): Begin with your most recent position and work backwards.			
Job Title:			
From:	To:	Hours Per Week:	No. of Employees Supervised:
Employer's Name and Full Address:			Immediate Supervisor's Name and Phone:
Description of Work (Describe specific duties, responsibilities, and accomplishments):			
Reason for Leaving:			
b. Have you ever worked for the U.S. Government? <input type="checkbox"/> YES <input type="checkbox"/> NO			
c. Have you ever been dismissed or forced to resign from a position? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, please explain:			
d. References: List three persons not related to you by blood or marriage that are qualified to supply definite information regarding your character suitability for employment under the program. Do NOT include former employers (i.e. supervisors).			
Name:	Mailing Address:	Telephone Number:	Occupation:
a.			
b.			
c.			
e. YOU MUST SIGN THIS APPLICATION: Read the following carefully before you sign.			
a. I understand that any information I give may be investigated and that a false statement may be grounds for non-consideration or dismissal of my participation in the Intern Program, if I am selected.			
b. I understand that, if I am provisionally selected, an Embassy-required security certification is a prerequisite.			
c. I understand that, if I am provisionally selected, an Embassy-required medical examination and medical certification is a prerequisite.			
d. I consent to the release of information about my ability and fitness for the Intern Program by employers, schools, law enforcement agencies and other individuals and organizations to Embassy-authorized investigators and personnel.			
e. I certify that, to the best of my knowledge, all of my statements are true, complete, and made in good faith.			
Signature:			Date:

